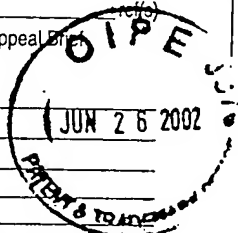


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DOCKET NO.: 1291-0199P ATTY.: JMS
APPLICANT(S): EGNELL et al.
APPLN. NO: 10/089,112 FILED: 3/26/02
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- ☐ New Application with Transmittal Letter
☐ Utility ☐ Design ☐ CIP ☐ PCT ☐ Provisional
☐ Filing Under 37 CFR 1.53(b) ☐ CONT ☐ DIV
☐ Filing Under 37 CFR 1.53(d) (CPA)
☐ Filing Under 37 CFR 1.114(RCE)
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☐ Combined Declaration & Power of Attorney
☒ Assignment / Cover Letter
☐ Letter to Official Draftsman
☐ Drawings _____ Sheets ☐ Formal ☐ Informal ☐ Red-Ink
☐ Completion of Filing Requirements, PCT/DO/EO/905
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☐ Priority Document(s) / Cover Letter, No. Doc. _____
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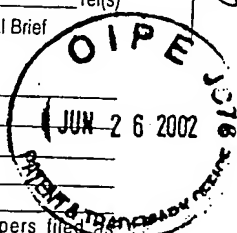
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APPLICANT(S): EGNELL et al
APPLN. NO: 10/089,112 FILED: 3/26/02
PAT NO.: _____

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☐ Filing Under 37 CFR 1.53(b) ☐ CONT ☐ DIV
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/089,112	
	Filing Date	June 26, 2002	
	First Named Inventor	LARS EGNELL et al.	
	Group Art Unit	2882	
	Examiner Name	THERESE BARBER	
Total Number of Pages in This Submission		Attorney Docket Number	CISCP728C1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Filing Receipt Copy of Redlined Filing Receipt Copy of Redlined Notice of Acceptance of Application Copy of Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	RITTER, LANG & KAPLAN LLP GARY T. AKA, Reg. No. 29,038
Signature	
Date	JANUARY 23, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown:

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